

Healthcare Information Resource Center

Public File

DOCUMENTATION

The State Utilization Data File
of Hospitals

**Calendar Year
2004**

State Utilization Data File of Hospitals 2004

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State Utilization Data File of Hospitals 2004

Introduction

The Office of Statewide Health Planning and Development (OSHPD) annually produces the State Utilization Data File of Hospitals. The data come from the individual ALIRTS-based *Annual Utilization Report of Hospitals* that are filed by California's licensed hospital campuses, for the previous calendar year. The data are "as reported" by each facility after complying with input quality control edits. The hospital utilization data file includes additional data fields populated by information derived from licenses issued by the California Department of Health Services (DHS). Due to occasional time lags between licensing activities, and subsequent updates to the OSHPD's Licensed Facility Information System (LFIS), some fields that are based on licensing data may not provide the most current information (Visit the OSHPD website regarding LFIS: <http://alirts.oshpd.ca.gov/LFIS/LFISHome.aspx> A login is not required for general use). As with many new systems, unanticipated problems and omissions can occur. That means that future sets of the data file may include corrections of data earlier released. OSHPD welcomes suggestions for improving our data products. Email your suggestions to hircweb@oshpd.ca.gov

New Online Reporting System: ALIRTS

Beginning with 2002 data, hospitals are now submitting their utilization data to OSHPD through a new, paperless, Internet-based reporting system known as ALIRTS (Automated Licensing Information and Report Tracking System). Once the reported data are submitted and meet the Office's input quality criteria, the data are accepted and immediately become available to the public via the Internet (<http://alirts.oshpd.state.ca.us>). In addition to the data reported by each licensed facility, ALIRTS also has current and historical facility licensing information. The ALIRTS perspective for both utilization data and licensing data is by individual licensed facility.

OSHPD creates this State Utilization Data File of Hospitals after the annual reporting deadline, February 15, arrives for all individual licensed hospital campuses.

New Data File Format

In addition to online reporting, another recent change involves the file type used for the public data file. Rather than displaying the data in two separate, comma-delimited text files, all data fields are now included in one MS Excel file. The Excel software application uses "sections" or "tabs" called **worksheets**. This more efficient file management system permits the display of all the data in addition to any explanatory notes that help the user better understand the data. The data file is contained in FOUR of the FIVE worksheets. In the data file, each row (line) represents one facility and the facility's data are displayed across the columns. Each column displays the values for one data field. The data are generally displayed along the order of the report form (see example below).

Excel was selected because it is the analytical software used by most facility utilization data users. Its file format has become as generic as text file format. Excel was also selected because it can handle multiple worksheets in one file. A note for those data users who do not have Excel: Most analytical software can import Excel worksheets. If the Excel file format is not compatible with your software, contact OSHPD (hirc@oshpd.ca.gov) to obtain individual, comma-delimited text data files.

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More on the Use of the MS-Excel Worksheets

There are five worksheets in the State Utilization Data File of Hospitals. To navigate from one worksheet to another, click on the applicable tab at the bottom of your screen. (See a recent year example in Figure 1, below):

	A	B	C	D	E	F	G
440	106451019	SHASTA COUNTY P H F	2640 BRESLAUER WAY		REDDING	96001	530-225-5200 Tin
441	106454012	NORTHERN CALIFORNIA REHABILITATION HOSPITAL	2801 EUREKA WAY		REDDING	96001	530-246-3000 Ch
442	106454013	PATIENTS HOSPITAL OF REDDING	2300 EUREKA WAY		REDDING	96001	530-225-8700 LO
443	106461024	EASTERN PLUMAS HOSPITAL-LOYALTON CAMPUS	700 THIRD STREET		LOYALTON	96118	530-832-6578 Jaj
444	106470871	MERCY MEDICAL CENTER MT. SHASTA	314 PINE STREET, BOX 233		MOUNT SHASTA	96067	530-926-6111 Ch
445	106474007	FAIRCHILD MEDICAL CENTER	444 BRUCE STREET		YREKA	96097	530-842-4121- Dw
446	106480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	975 SERENO DRIVE		VALLEJO	94590	707-651-1000 Sai
447	106481015	CALIFORNIA SPECIALTY HOSPITAL	525 OREGON STREET		VALLEJO	94590	707-648-2200 Ba
448	106481094	SUTTER SOLANO MEDICAL CENTER	300 HOSPITAL DRIVE		VALLEJO	94590	707-554-4444 Be
449	106481357	NORTH BAY MEDICAL CENTER	1200 B. GALE WILSON BLVD.		FAIRFIELD	94533	707-429-3600 De
450	106484001	NORTH BAY VACAVALLEY HOSPITAL	1000 NUT TREE ROAD		VACAVILLE	95687	707-446-4000 De
451	106484028	TELECARE SOLANO PSYCHIATRIC HEALTH FACILITY	2101 COURAGE DRIVE		FAIRFIELD	94533	707-435-2130- De
452	106490907	SANTA ROSA MEMORIAL HOSPITAL-SOTOYOME	151 SOTOYOME STREET		SANTA ROSA	95405	707-522-1551 Da

Figure 1

Description of the Worksheets in the Data File

Tips: This worksheet provides suggestions for more effective use of the data file and general notes pertinent to the facilities reporting data.

Sections 1- 4 worksheet

This worksheet reflects data from the first four sections of the *Annual Utilization Report of Hospitals* report form and the data received from facilities that filed (responders). The Office includes an accompanying worksheet entitled, "**NonRespon1-4**" that contains some licensure data from facilities that failed to file their Report. These facilities are referred to as Nonresponders. Please note that some or most fields in the latter worksheet may contain little or no data but are included in the Data File to help users who work extensively with Excel's cut, paste, and import/export functions.

- **Section 1** includes facility descriptors, e.g., name, address, operational status.
- **Section 2** describes the licensee (owner of license) and principal type of service.
- **Section 3** displays licensed beds and inpatient utilization.
- **Section 4** has Emergency Department licensing and utilization data (for licensed Emergency Medical Services)

Sections 5 - 6 worksheet

This worksheet reflects the last two sections of the *Annual Utilization Report of Hospitals* report form. The Office includes an accompanying worksheet entitled, "**NonRespon5-6**" that contains some licensure data from facilities that failed to file their Report. These facilities are referred to as Nonresponders. Please note that some or most fields in the latter worksheet may contain little or no data but are included in the Data File to help users who work extensively with Excel's cut, paste, and import/export functions.

- **Section 5** covers surgery services; general surgery as well as cardiovascular surgery and cardiac catheterization services.

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- **Section 6** provides data covering major capital expenditures relating to purchases of major medical equipment and construction projects.

The worksheets' default (original) sequence order: The first two columns of the data worksheets display the facility's name and OSHPD_ID number. The worksheet lists the facilities in numeric order by OSHPD_ID number (Column A). (Because the county code is in the third and fourth digits, the facilities are also in county order when sorted in numeric order).

Significant Data Field Changes of the New ALIRTS-generated Utilization Data file

Most data items continue to be reported in the same or similar formats before the new ALIRTS system. There are, however, five areas with significant data changes in this data file:

1. Most Hospital-based **Long-Term Care (LTC) patient census** specific fields have been dropped since ALIRTS' introduction in 2002. LTC bed capacity and utilization are still displayed. (A much richer source for hospital patient demographics, including hospital based LTC patient demographic data, is the Patient Discharge Data set available from OSHPD.)
2. **Emergency Medical Services (E.M.S.)** section has been enhanced, including new fields for EMS staffing, EMSA Trauma Center Designation, and ambulance diversion hours by month.
3. The **Cardiology** and **Cardiovascular Surgery** data include more procedures details.
4. The **Licensee** (License owner) Control Types have changed, see table below:

LICENSEE TYPE OF CONTROL		
General Category	2004 Selections	2001 and Prior Years Selections (codes)
For Profit	Investor – Individual	For Profit – Individual (23)
	Investor – Partnership	For Profit – Partnership (24)
	Investor - Limited Liability Company	Investor – Corporation (25)
	Investor – Corporation	
Non-Profit	Nonprofit Corporation (includes church-related)	Nonprofit Corporation (18)
		Kaiser Foundation Hospitals (19)
		Church Related (20)
		Other Non-Profit (21)
	University of California	University of California (22)
Government	State	State (11)
	City and/or County	County (12)
		City (13)
		City/County (14)
	District	District (15)

New fields for displaying future data items are included in this dataset. Users should note that these items are not derived from facility-reported data or from the Licensing and Certification Division of DHS. Some of these fields remain unpopulated for 2004 but are slated to be filled in future datasets. These fields are located between the License Status and County fields.

Traditional and Alternative Header Rows

The Office recognizes that users of the data have varying preferences regarding header rows. Three header row styles are offered here (see Figure 2 sample below). For users who prefer English names, the first alternative header row displays English abbreviations.

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	A	B	C
1	OSHDP_ID	FAC_NAME	FAC_ADDRESS_ONE
2	slc010201	slc010101	slc010301
3			
4	1.2.1	1.1.1	1.3.1
5	106010735	ALAMEDA HOSPITAL	2070 CLINTON
6	106010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	2450 ASHBY STREET
7	106010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	747 52ND STREET

Figure 2

The second alternative header (row 2) contains alpha characters, does not include periods, and uses the Section+Line+Column type layout. Each field name in this set begins with the letters “slc”, followed by 2-digit **section**, 2-digit **line** and 2-digit **column** numbers. For example, the field that is related to the question, “Was this hospital in operation at any time during year?” (**section 1, line 9, column 1**), would be field name “slc010901.” This type header is especially helpful when the user will be conducting many sorts with the data.

The third header row represents the style that has been traditionally used for this data file. The field names display the **section+line+column** numbers, separated by “dots” (periods). Thus, using the prior example, “Was this hospital in operation at any time during year?” is reported in Section 1, Line 9, Column 1. This field appears in spreadsheet Column I in the “Sections 1-4” worksheet and is displayed as “1.9.1”. This report-form-coordinates format is less complex for display purposes but does require the data user to refer to a copy of the report form when using the data file. A copy of the blank reporting form is provided as Appendix A, located at the end of this documentation file. Printing a hard copy for reference is recommended.

These header styles are simply alternatives for your use. You have the option to use one or all three, and delete those not needed. A final note: If the data in the facility utilization data worksheet are intended to be imported into other analytical (database) software, be aware that some database applications require at least one alpha character in the field name, while others will not allow “periods.” The alternative field names in the first two rows both meet these naming conventions.

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Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number is a nine-digit number: State hospital IDs begin with "706", the prefix for all other hospital IDs is "106." The 4th and 5th digits denote the hospital's county, while the last 4 digits are unique within each county.
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	1.3.1	slc010301	FAC_ADDRESS_ONE	Facility Address one
D	1.3.1	slc010301	FAC_ADDRESS_TWO	Facility Address two
E	1.4.1	slc010401	FAC_CITY	City, location of facility
F	1.5.1	slc010501	FAC_ZIPCODE	Zipcode, of facility
G	1.6.1	slc010601	FAC_PHONE	Telephone of facility
H	1.7.1	slc010701	FAC_ADMIN_NAME	Name of Facility Administrator
I	1.9.1	slc010901	FAC_OPER_CURRYR	Facility in operation at any time during report period?
J	1.10.1	slc011001	BEG_DATE	Begin date of operation
K	1.11.1	slc011101	END_DATE	End date of operation
L	1.12.1	slc011201	PARENT_NAME	Name of Parent corporation
M	1.13.1	slc011301	PARENT_ADDRESS_ONE	Parent corporation address one
N	1.13.1	slc011301	PARENT_ADDRESS_TWO	Parent corporation address two (used when address is too long to fit in Address_one).
O	1.14.1	slc011401	PARENT_CITY	Parent corporation city
P	1.15.1	slc011501	PARENT_STATE	Parent corporation state
Q	1.16.1	slc011601	PARENT_ZIPCODE	Parent corporation zipcode
R	1.17.1	slc011701	REPORT_PREP_NAME	Name of person completing the report
S	LIC_STATUS	LIC_STATUS	LIC_STATUS	Status of facility's license on 8/5/05 (database creation date), according to California Department of Health Services (DHS)
T	LIC_STATUS_DATE	LIC_STATUS_DATE	LIC_STATUS_DATE	Date of status of facility's license, according to DHS
U	LIC_ORIG_DATE	LIC_ORIG_DATE	LIC_ORIG_DATE	Date that the facility was originally licensed.
V	TEACH_HOSP	TEACH_HOSP	TEACH_HOSP	Facility is considered a teaching hospital.
W	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	Medi-Cal Provider Number (future field)
X	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	Medicare Provider Number (future field)
Y	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS Number
Z	ASSEMBLY_DIST	ASSEMBLY_DIST	ASSEMBLY_DIST	Assembly District
AA	SENATE_DIST	SENATE_DIST	SENATE_DIST	Senate District
AB	CONGRESS_DIST	CONGRESS_DIST	CONGRESS_DIST	Congressional Dist
AC	CENS_TRACT	CENS_TRACT	CENS_TRACT	Census Tract
AD	MED_SVC_STUDY_AREA	MED_SVC_STUDY_AREA	MED_SVC_STUDY_AREA	Medical Service Study Area is a planning area
AE	LACO_SVC_PLAN_AREA	LACO_SVC_PLAN_AREA	LACO_SVC_PLAN_AREA	LA County Service Planning Area is a planning area for Los Angeles County (future field)
AF	HEALTH_SVC_AREA	HEALTH_SVC_AREA	HEALTH_SVC_AREA	Health Service Area is a planning area
AG	COUNTY	COUNTY	COUNTY	County
AH	LICENSE_NUM	LICENSE_NUM	LIC_NUMBER	Most acute facilities in Calif. are licensed by the Calif. Dept. of Health Services. License numbers beginning with MH are issued by the Dept. of Mental Health for Psychiatric Health Facilities (PHFs). Sort by this field to group all hospital locations on a license, i.e., the "parent" location plus those formerly, separately licensed acute locations currently on that "parent" hospital's license.
AI	FAC_LEVEL	FAC_LEVEL	FAC_LEVEL	Facility (Location) Level on license: Parent Facility = either the parent location of a Consolidated License or a single Hospital; Consolidated Facility = a satellite location on consolidated license.
AJ	2.1.1	slc020101	TYPE_LIC	There are four (4) License Category types: --Acute Psychiatric --Chemical Dependency Recovery Hospital --General Acute Care --Psychiatric Health Facility

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AK	2.5.1	slc020501	TYPE_CNTRL	There are nine (9) Types of Control (License Ownership a.k.a. Licensee): --Investor - Individual --Investor - Partnership --Investor - Limited Liability Company --Investor - Corporation --Nonprofit Corporation (includes church-related) --State --City and/or County --District --University of California
AL	2.25.1	slc022501	TYPE_SVC_PRINCIPAL	Facility self-reports the Principal Type of Service (out of 9 possible) that best describes service provided to most patients: --General Medical/Surgical --Long-term Care (SN/IC) --Psychiatric --Chemical Dependency (alcohol/drug) --Pediatric --Physical Rehabilitation --Orthopedic or Pediatric Orthopedics --Developmentally Disabled --Other
AM	3.1.1	slc030101	MED_SURG_BED_LIC	Licensed Beds - Medical-Surgical
AN	3.1.2	slc030102	MED_SURG_LICBED_DAY	Licensed Bed Days - Medical-Surgical
AO	3.1.3	slc030103	MED_SURG_DIS	Discharges - Medical-Surgical
AP	3.1.5	slc030105	MED_SURG_CENS_DAY	Patient (Census) Days - Medical-Surgical Census
AQ	3.2.1	slc030201	PERINATL_BED_LIC	Licensed Beds - Perinatal
AR	3.2.2	slc030202	PERINATL_LICBED_DAY	Licensed Bed Days - Perinatal
AS	3.2.3	slc030203	PERINATL_DIS	Discharges - Perinatal
AT	3.2.5	slc030205	PERINATL_CENS_DAY	Patient (Census) Days - Perinatal
AU	3.3.1	slc030301	PED_BED_LIC	Licensed Beds - Pediatric
AV	3.3.2	slc030302	PED_LICBED_DAY	Licensed Bed Days - Pediatric
AW	3.3.3	slc030303	PED_DIS	Discharges - Pediatric
AX	3.3.5	slc030305	PED_CENS_DAY	Patient (Census) Days - Pediatric
AY	3.4.1	slc030401	ICU_BED_LIC	Licensed Beds - Intensive Care Unit
AZ	3.4.2	slc030402	ICU_LICBED_DAY	Licensed Bed Days - Intensive Care Unit
BA	3.4.3	slc030403	ICU_DIS	Discharges - Intensive Care Unit
BB	3.4.4	slc030404	ICU_TFR_INHOSP	Intrahospital transfers from ICU
BC	3.4.5	slc030405	ICU_CENS_DAY	Patient (Census) Days - Intensive Care Unit
BD	3.5.1	slc030501	CCU_BED_LIC	Licensed Beds - Coronary Care Unit
BE	3.5.2	slc030502	CCU_LICBED_DAY	Licensed Bed Days - Coronary Care Unit
BF	3.5.3	slc030503	CCU_DIS	Discharges - Coronary Care Unit
BG	3.5.4	slc030504	CCU_TFR_INHOSP	Intrahospital transfers from Coronary Care Unit
BH	3.5.5	slc030505	CCU_CENS_DAY	Patient (Census) Days - Coronary Care Unit
BI	3.6.1	slc030601	RESP_BED_LIC	Licensed Beds - Respiratory (Intensive) Care Unit
BJ	3.6.2	slc030602	RESP_LICBED_DAY	Licensed Bed Days - Respiratory (Intensive) Care Unit
BK	3.6.3	slc030603	RESP_DIS	Discharges - Respiratory (Intensive) Care Unit
BL	3.6.4	slc030604	RESP_TFR_INHOSP	Intrahospital transfers from Respiratory (Intensive) Care Unit
BM	3.6.5	slc030605	RESP_CENS_DAY	Patient (Census) Days - Respiratory (Intensive) Care Unit
BN	3.7.1	slc030701	BURN_BED_LIC	Licensed Beds - Burn Center
BO	3.7.2	slc030702	BURN_LICBED_DAY	Licensed Bed Days - Burn Center

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BP	3.7.3	slc030703	BURN_DIS	Discharges - Burn Center
BQ	3.7.4	slc030704	BURN_TFR_INHOSP	Intrahospital transfers from Burn Center
BR	3.7.5	slc030705	BURN_CENS_DAY	Patient (Census) Days - Burn Center
BS	3.8.1	slc030801	NICU_BED_LIC	Licensed Beds - Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BT	3.8.2	slc030802	NICU_LICBED_DAY	Licensed Bed Days - Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BU	3.8.3	slc030803	NICU_DIS	Discharges - Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BV	3.8.4	slc030804	NICU_TFR_INHOSP	Intrahospital Transfers from Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BW	3.8.5	slc030805	NICU_CENS_DAY	Patient (Census) Days - Neonatal Intensive Care Unit (Licensed as Intensive Care Newborn Nursery)
BX	3.9.1	slc030901	REHAB_BED_LIC	Licensed Beds - Rehabilitation Center
BY	3.9.2	slc030902	REHAB_LICBED_DAY	Licensed Bed Days - Rehabilitation Center
BZ	3.9.3	slc030903	REHAB_DIS	Discharges - Rehabilitation Center
CA	3.9.5	slc030905	REHAB_CENS_DAY	Patient (Census) Days - Rehabilitation Center
CB	3.15.1	slc031501	GAC_BED_LIC_SUBTOTL	Licensed Beds - General Acute Care SUBTOTAL
CC	3.15.2	slc031502	GAC_LICBED_DAY_SUBTOTL	Licensed Bed Days - General Acute Care SUBTOTAL
CD	3.15.3	slc031503	GAC_DIS_SUBTOTL	Discharges - General Acute Care SUBTOTAL
CE	3.15.5	slc031505	GAC_CENS_DAY_SUBTOTL	Patient (Census) Days - General Acute Care SUBTOTAL
CF	3.16.1	slc031601	CHEM_BED_LIC	Licensed beds - Chemical Depend. Recovery Hospital
CG	3.16.2	slc031602	CHEM_LICBED_DAY	Licensed Bed Days - Chemical Depend. Recovery Hospital
CH	3.16.3	slc031603	CHEM_DIS	Discharges - Chemical Depend. Recovery Hospital
CI	3.16.5	slc031605	CHEM_CENS_DAY	Patient (Census) Days - Chemical Depend. Recovery Hospital
CJ	3.17.1	slc031701	PSY_BED_LIC	Licensed Beds - Acute Psychiatric
CK	3.17.2	slc031702	PSY_LICBED_DAY	Licensed Bed Days - Acute Psychiatric
CL	3.17.3	slc031703	PSY_DIS	Discharges - Acute Psychiatric
CM	3.17.5	slc031705	PSY_CENS_DAY	Patient (Census) Days - Acute Psychiatric
CN	3.18.1	slc031801	SN_BED_LIC	Licensed Beds - Skilled Nursing
CO	3.18.2	slc031802	SN_LICBED_DAY	Licensed Bed Days - Skilled Nursing
CP	3.18.3	slc031803	SN_DIS	Discharges - Skilled Nursing
CQ	3.18.5	slc031805	SN_CENS_DAY	Patient (Census) Days - Skilled Nursing
CR	3.19.1	slc031901	IC_BED_LIC	Licensed Beds - Intermediate Care
CS	3.19.2	slc031902	IC_LICBED_DAY	Licensed Bed Days - Intermediate Care
CT	3.19.3	slc031903	IC_DIS	Discharges - Intermediate Care
CU	3.19.5	slc031905	IC_CENS_DAY	Patient (Census) Days - Intermediate Care
CV	3.20.1	slc032001	IC_DEV_DISBL_BED_LIC	Licensed Beds - Intermediate Care/Develop. Disabled
CW	3.20.2	slc032002	IC_DEV_DISBL_LICBED_DAY	Licensed Bed Days - Intermediate Care/Develop. Disabled
CX	3.20.3	slc032003	IC_DEV_DISBL_DIS	Discharges - Intermediate Care/Develop. Disabled
CY	3.20.5	slc032005	IC_DEV_DISBL_CENS_DAY	Patient (Census) Days - Intermediate Care/Develop. Disabled
CZ	3.25.1	slc032501	HOSP_TOTAL_BED_LIC	Licensed beds - HOSPITAL TOTAL
DA	3.25.2	slc032502	HOSP_TOTAL_LICBED_DAY	Licensed Bed Days - HOSPITAL TOTAL
DB	3.25.3	slc032503	HOSP_TOTAL_DIS	Discharges - HOSPITAL TOTAL
DC	3.25.5	slc032505	HOSP_TOTAL_CENS_DAY	Patient (Census) Days - HOSPITAL TOTAL
DD	3.30.1	slc033001	CHEM_GAC_BED_LIC	Approved Beds - Chem Depend Recovery Service in Licensed GAC Beds (Counted in GAC subtotal)
DE	3.30.3	slc033003	CHEM_GAC_DIS	Discharges - Chem Depend Recovery Service in Licensed GAC Beds (Counted in GAC subtotal)

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Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
DF	3.30.5	slc033005	CHEM_GAC_CENS_DAY	Patient (Cenesus) Days - Chem Depend Recovery Service in Licensed GAC Beds (Counted in GAC subtotal)
DG	3.31.1	slc033101	CHEM_PSY_BED_LIC	Approved Beds - Chem Depend Recovery Service in Licensed Acute Psychiatric Beds (Counted in Psych)
DH	3.31.3	slc033103	CHEM_PSY_DIS	Discharges - Chem Depend Recovery Service in Licensed Acute Psychiatric Beds (Counted in Psych)
DI	3.31.5	slc033105	CHEM_PSY_CENS_DAY	Patient (Census) Days - Chem Depend Recovery Service in Licensed Acute Psychiatric Beds (Counted in Psych)
DJ	3.35.1	slc033501	NEWBORN_NURSRY_BASSINETS	Bassinets - (Normal) Newborn Nursery
DK	3.35.3	slc033503	NEWBORN_NURSRY_DIS	Discharges - (Normal) Newborn Nursery
DL	3.35.5	slc033505	NEWBORN_NURSRY_CENS_DAY	Patient (Census) Days - (Normal) Newborn Nursery
DM	3.40.1	slc034001	BED_SWING_SN	Lic. GAC Beds approved as Swing in skilled nursing care
DN	3.43.1	slc034301	PSY_LCK_CENS_PATIENT	Acute Psych patients, census, Locked
DO	3.44.1	slc034401	PSY_OPN_CENS_PATIENT	Acute Psych patients, census, Open
DP	3.45.1	slc034501	PSY_CENS_PATIENT_TOTL	Acute Psych patients, census, TOTAL
DQ	3.46.1	slc034601	PSY_CENS_PATIENT_<=17	Acute Psych patients, census, 17 Years Old and Under
DR	3.47.1	slc034701	PSY_CENS_PATIENT_18-64	Acute Psych patients, census, 18 - 64 Years
DS	3.49.1	slc034901	PSY_CENS_PATIENT_=65	Acute Psych patients, census, 65 Years and Older
DT	3.50.1	slc035001	PSY_CENS_PATIENT_TOTL	Acute Psych patients, census, TOTAL
DU	3.51.1	slc035101	PSY_CENS_PATIENT_MCAR	Acute Psych patients, census, Traditional Medicare
DV	3.52.1	slc035201	PSY_CENS_PATIENT_MNG_MCAR	Acute Psych patients, census, Managed Care Medicare
DW	3.53.1	slc035301	PSY_CENS_PATIENT_MCAL	Acute Psych patients, census, Traditional Medi-Cal
DX	3.54.1	slc035401	PSY_CENS_PATIENT_MNG_MCAL	Acute Psych patients, census, Managed Care Medi-Cal
DY	3.55.1	slc035501	PSY_CENS_PATIENT_CO_INDIG	Acute Psych patients, census, County Indigent Programs
DZ	3.56.1	slc035601	PSY_CENS_PATIENT_OTHR_THIRDPTY	Acute Psych patients, census, Traditional Other Third Parties
EA	3.57.1	slc035701	PSY_CENS_PATIENT_MNG_OTHR_THIRDPTY	Acute Psych patients, census, Managed Care Other Third Parties
EB	3.58.1	slc035801	PSY_CENS_PATIENT_SHDOYL	Acute Psych patients, census, Short Doyle (includes Short-Doyle Medi-Cal)
EC	3.59.1	slc035901	PSY_CENS_PATIENT_OTHR_INDIG	Acute Psych patients, census, Other Indigent
ED	3.64.1	slc036401	PSY_CENS_PATIENT_OTHR_PAYER	Acute Psych patients, census, Other Payers
EE	3.65.1	slc036501	PSY_CENS_PATIENT_TOTL	Acute Psych patients, census, TOTAL
EF	3.70.1	slc037001	PSY_PROG_SHDOYL	Acute Psych Program Under Short-Doyle contract (Yes or No)
EG	3.71.1	slc037101	HOSPICE_PROG	Provided Hospice program during report period (Yes or No)
EH	3.72.1	slc037201	HOSPICE_CLASS_GAC_BED	Bed classification General Acute used for hospice
EI	3.73.1	slc037301	HOSPICE_CLASS_SN_BED	Bed classification Skilled Nursing used for hospice
EJ	3.74.1	slc037401	HOSPICE_CLASS_IC_BED	Bed classification Intermediate Care used for hospice
EK	4.1.1	slc040101	EMSA_TRAUMA_CTR_DESIG	Trauma Center designation by EMSA (Calif. Emergency Medical Services Authority): http://www.emsa.cahwnet.gov/emsdivision/trmapage.asp
EL	4.1.2	slc040102	EMSA_TRAUMA_PEDS_CTR_DESIG	Pediatric Trauma Center designation by the EMSA
EM	4.2.1	slc040201	ED_LIC_LEVL_BEGIN	Emergency Dept. Level (Licensed as Emergency Medical Service by DHS) - On January 1st and December 31.
EN	4.2.2	slc040202	ED_LIC_LEVL_END	
EO	4.11.1	slc041101	ED_ANESTH_AVAIL24HRS	Emerg Dept Anesthesiologist available 24 hours a day
EP	4.11.2	slc041102	ED_ANESTH_AVAIL_ON_CALL	Emerg Dept Anesthesiologist available on call
EQ	4.12.1	slc041201	ED_LAB_SVCS_AVAIL24HRS	Emerg Dept Laboratory Services available 24 hours a day
ER	4.12.2	slc041202	ED_LAB_SVCS_AVAIL_ON_CALL	Emerg Dept Laboratory Services available 24 hours a day on call
ES	4.13.1	slc041301	ED_OP_RM_AVAIL24HRS	Emerg Dept Operating Room available 24 hours a day 24 hours a day
ET	4.13.2	slc041302	ED_OP_RM_AVAIL_ON_CALL	Emerg Dept Operating Room available 24 hours a day on call
EU	4.14.1	slc041401	ED_PHARM_AVAIL24HRS	Emerg Dept Pharmacist available 24 hours a day 24 hours a day
EV	4.14.2	slc041402	ED_PHARM_AVAIL_ON_CALL	Emerg Dept Pharmacist available 24 hours a day on call
EW	4.15.1	slc041501	ED_PHYSN_AVAIL24HRS	Emerg Dept Physician available 24 hours a day 24 hours a day
EX	4.15.2	slc041502	ED_PHYSN_AVAIL_ON_CALL	Emerg Dept Physician available 24 hours a day on call

2004 Hospital Documentation - Sections 1 through 4

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
EY	4.16.1	slc041601	ED_PSYCH_ER_AVAIL24HRS	Emerg Dept Psychiatric ER available 24 hours a day 24 hours a day
EZ	4.16.2	slc041602	ED_PSYCH_ER_AVAIL_ON_CALL	Emerg Dept Psychiatric ER available 24 hours a day on call
FA	4.17.1	slc041701	ED_RADIOLOG_SVCS_AVAIL24HRS	Emerg Dept Radiology Services available 24 hours a day
FB	4.17.2	slc041702	ED_RADIOLOG_SVCS_AVAIL_ON_CALL	Emerg Dept Radiology Services available on call
FC	4.21.1	slc042101	ED_NONURGENT_CPT_99281_TOTL_VIS	Emerg Dept Svcs, Nonurgent (CPT 99281) Visits TOTAL
FD	4.21.2	slc042102	ED_NONURGENT_CPT_99281_ADM_VIS	Emerg Dept Svcs, Nonurgent (CPT 99281) Visits Result Admitted
FE	4.22.1	slc042201	ED_URGENT_CPT_99282_TOTL_VIS	Emerg Dept Svcs, Urgent (CPT 99282) Visits TOTAL
FF	4.22.2	slc042202	ED_URGENT_CPT_99282_ADM_VIS	Emerg Dept Svcs, Urgent (CPT 99282) Visits Result Admitted
FG	4.23.1	slc042301	ED_MODER_CPT_99283_TOTL_VIS	Emerg Dept Svcs, Moderate (CPT 99283) Visits TOTAL
FH	4.23.2	slc042302	ED_MODER_CPT_99283_ADM_VIS	Emerg Dept Svcs, Moderate (CPT 99283) Visits Result Admitted
FI	4.24.1	slc042401	ED_SEVERE_CPT_99284_TOTL_VIS	Emerg Dept Svcs, Severe (CPT 99284) Visits TOTAL
FJ	4.24.2	slc042402	ED_SEVERE_CPT_99284_ADM_VIS	Emerg Dept Svcs, Severe (CPT 99284) Visits Result Admitted
FK	4.25.1	slc042501	ED_CRITICAL_CPT_99285_TOTL_VIS	Emerg Dept Svcs, Critical (CPT 99285) Visits TOTAL
FL	4.25.2	slc042502	ED_CRITICAL_CPT_99285_ADM_VIS	Emerg Dept Svcs, Critical (CPT 99285) Visits Result Admitted
FM	4.30.1	slc043001	ED_VIS_TOTL	Emerg Dept Svcs, Visits TOTAL
FN	4.30.2	slc043002	ED_ADM_VIS_TOTL	Emerg Dept Svcs, Visits Result Admitted TOTAL
FO	4.35.1	slc043501	ED_STATION	Emerg Dept Svcs, Patient Treatment Stations
FP	4.40.1	slc044001	ED_NON_EMERG_VIS	Emerg Dept Svcs, non-emergency visits
FQ	4.45.1	slc044501	ED_REGISTERS_NO_TREAT	Emerg Dept Svcs, visits with registration but no treatment result
FR	4.50.1	slc045001	ED_CLOSURE_AMB_DIVERS	Emerg Dept closed, ambulances diverted elsewhere
FS	4.51.1	slc045101	ED_CLOSED_JAN_HOURS	Emerg Dept closed number of hours in January
FT	4.52.1	slc045201	ED_CLOSED_FEB_HOURS	Emerg Dept closed number of hours in February
FU	4.53.1	slc045301	ED_CLOSED_MAR_HOURS	Emerg Dept closed number of hours in March
FV	4.54.1	slc045401	ED_CLOSED_APR_HOURS	Emerg Dept closed number of hours in April
FW	4.55.1	slc045501	ED_CLOSED_MAY_HOURS	Emerg Dept closed number of hours in May
FX	4.56.1	slc045601	ED_CLOSED_JUN_HOURS	Emerg Dept closed number of hours in June
FY	4.57.1	slc045701	ED_CLOSED_JUL_HOURS	Emerg Dept closed number of hours in July
FZ	4.58.1	slc045801	ED_CLOSED_AUG_HOURS	Emerg Dept closed number of hours in August
GA	4.59.1	slc045901	ED_CLOSED_SEP_HOURS	Emerg Dept closed number of hours in September
GB	4.60.1	slc046001	ED_CLOSED_OCT_HOURS	Emerg Dept closed number of hours in October
GC	4.61.1	slc046101	ED_CLOSED_NOV_HOURS	Emerg Dept closed number of hours in November
GD	4.62.1	slc046201	ED_CLOSED_DEC_HOURS	Emerg Dept closed number of hours in December
GE	4.65.1	slc046501	ED_CLOSED_TOTL_HOURS	Emerg Dept closed number of hours in calendar year, TOTAL

2004 Hospital Documentation - Sections 5 - 6

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
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A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number is a nine-digit number: State hospital IDs begin with "706"; the prefix for all other hospital IDs is "106." The 4th and 5th digits denote the hospital's county, while the last 4 digits are unique within each county.
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	5.1.1	slc050101	SURG_IP	Surgical Operations, Inpatient
D	5.1.2	slc050102	OP_RM_MIN_IP	Operating Room (Anesthesia) Minutes-Inpatient
E	5.2.1	slc050201	SURG_OP	Surgical Operations, Outpatient
F	5.2.2	slc050202	OP_RM_MIN_OP	Operating Room (Anesthesia) Minutes-Outpatient
G	5.7.1	slc050701	OP_RM_IP_ONLY	Operating Rooms for inpatient only
H	5.8.1	slc050801	OP_RM_OP_ONLY	Operating Rooms, for outpatient only
I	5.9.1	slc050901	OP_RM_IP_AND_OP	Operating Rooms, Inpatient and Outpatient Surgery
J	5.10.1	slc051001	OP_RM_TOTL	Operating Rooms, TOTAL
K	5.15.1	slc051501	AMB_SURG_PROG	Ambulatory Surgical Program (Yes or No. If blank, may not be in operation or is a nonresponder fac.)
L	5.20.1	slc052001	BIRTHS_LIVE_TOTL	Live Births, (multiple births counted separately) TOTAL
M	5.21.1	slc052101	BIRTHS_LIVE_<5LBS_8OZ	Live Births, with Weight under 2500 grams (5Lbs. 8 ounces)
N	5.22.1	slc052201	BIRTHS_LIVE_<3LBS_5OZ	Live Births, with Weight under 1500 grams (3Lbs. 5 ounces)
O	5.31.1	slc053101	ABC_PROG	Alternate Birthing Center Program, approved (Yes or No)
P	5.32.1	slc053201	ABC_LDR	Alternate Birthing Center approved as LDR
Q	5.33.1	slc053301	ABC_LDRP	Alternate Birthing Center approved as LDRP
R	5.36.1	slc053601	BIRTHS_LIVE_ABC	Live Births Occurring in Alternative Birth Setting
S	5.37.1	slc053701	BIRTHS_LIVE_C_SEC	Live Births Cesarean Section Delivery
T	5.41.1	slc054101	LICENSURE_CVSURG_SVCS	Cardio-vascular surgery: Licensed; Cardiac Cath. only; or Not licensed. If blank, may not be in operation or is a nonresponder fac.)
U	5.42.1	slc054201	CVSURG_LIC_OP_RM	Operating Rooms licensed for cardio-vascular surgery
V	5.43.1	slc054301	CVSURG_WITH_ECBPASS_PED	Cardio-vascular Surgeries, With Extracorporeal Bypass, Pediatric
W	5.43.2	slc054302	CVSURG_WITHOUT_ECBPASS_PED	Cardio-vascular Surgeries, Without Extracorporeal Bypass, Pediatric
X	5.44.1	slc054401	CVSURG_WITH_ECBPASS_ADLT	Cardio-vascular Surgeries, With Extracorporeal Bypass, Adult
Y	5.44.2	slc054402	CVSURG_WITHOUT_ECBPASS_ADLT	Cardio-vascular Surgeries, Without Extracorporeal Bypass, Adult
Z	5.45.1	slc054501	CVSURG_WITH_ECBPASS_TOTL	Cardio-vascular Surgeries, With Extracorporeal Bypass, TOTAL
AA	5.45.2	slc054502	CVSURG_WITHOUT_ECBPASS_TOTL	Cardio-vascular Surgeries, Without Extracorporeal Bypass, TOTAL
AB	5.50.1	slc055001	CVSURG_CABG_TOTL	Cardio-vascular Surgeries, Coronary Artery Bypass Graft (CABG), TOTAL
AC	5.55.1	slc055501	CATH_CARD_RM	Rooms Equipped for Cardiac Catheterizations
AD	5.56.1	slc055601	CATH_IP_PED_DX_VIS	Catheterizations, Inpatient diagnostic, visits, Pediatric
AE	5.56.2	slc055602	CATH_IP_PED_THER_VIS	Catheterizations, Inpatient therapeutic, visits, Pediatric
AF	5.57.1	slc055701	CATH_OP_PED_DX_VIS	Catheterizations, Outpatient diagnostic, visits, Pediatric
AG	5.57.2	slc055702	CATH_OP_PED_THER_VIS	Catheterizations, Outpatient therapeutic, visits, Pediatric
AH	5.58.1	slc055801	CATH_IP_ADLT_DX_VIS	Catheterizations, Inpatient diagnostic, visits, Adult
AI	5.58.2	slc055802	CATH_IP_ADLT_THER_VIS	Catheterizations, Inpatient therapeutic, visits, Adult
AJ	5.59.1	slc055901	CATH_OP_ADLT_DX_VIS	Catheterizations, Outpatient diagnostic, visits, Adult
AK	5.59.2	slc055902	CATH_OP_ADLT_THER_VIS	Catheterizations, Outpatient therapeutic, visits, Adult
AL	5.60.1	slc056001	CATH_DX_VIS_TOTL	Catheterizations, diagnostic, visits, TOTAL
AM	5.60.2	slc056002	CATH_THER_VIS_TOTL	Catheterizations, therapeutic, visits, TOTAL
AN	5.71.1	slc057101	PACEMKR_PERM_IMPL	Permanent Pacemaker Implantation
AO	5.72.1	slc057201	PTCA_ANGIOPLASTY_WITH_STENT	Percutaneous Transluminal Coronary Angioplasty with Stent
AP	5.73.1	slc057301	PTCA_ANGIOPLASTY_WITHOUT_STENT	Percutaneous Transluminal Coronary Angioplasty without Stent

2004 Hospital Documentation - Sections 5 - 6

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AQ	5.74.1	slc057401	ATHERECTOMY_PTCRA_ABLATION	Atherectomy (PTCRA, rotablator, DCA, Laser)
AR	5.75.1	slc057501	THROMBO_AGT	Thrombolytic Agents (intracoronary only)
AS	5.76.1	slc057601	PTBV_BALLOON	Percutaneous Transluminal Balloon Valvuloplasty (PTBV)
AT	5.84.1	slc058401	CATH_OTHR	Catheterizations, (include Radiofrequency Cath. Ablation), All Other
AU	5.85.1	slc058501	CATH_TOTL	Catheterizations, TOTAL
AV	6.1.1	slc060101	EQUIP_ACQ_OVER_500K	Equipment, diagn. or ther. value \$500,000 and above
AW	6.2.1	slc060201	EQUIP_01_DESCRIP	Equipment piece no. 01 for diagn. or ther. use, description
AX	6.2.2	slc060202	EQUIP_01_VALUE	Equipment piece no. 01 for diagn. or ther. use, value
AY	6.2.3	slc060203	EQUIP_01_ACQUI_DT	Equipment piece no. 01 for diagn. or ther. use, acquisition date
AZ	6.2.4	slc060204	EQUIP_01_ACQUI_MEANS	Equipment piece no. 01 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BA	6.3.1	slc060301	EQUIP_02_DESCRIP	Equipment piece no. 02 for diagn. or ther. use, description
BB	6.3.2	slc060302	EQUIP_02_VALUE	Equipment piece no. 02 for diagn. or ther. use, value
BC	6.3.3	slc060303	EQUIP_02_ACQUI_DT	Equipment piece no. 02 for diagn. or ther. use, acquisition date
BD	6.3.4	slc060304	EQUIP_02_ACQUI_MEANS	Equipment piece no. 02 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BE	6.4.1	slc060401	EQUIP_03_DESCRIP	Equipment piece no. 03 for diagn. or ther. use, description
BF	6.4.2	slc060402	EQUIP_03_VALUE	Equipment piece no. 03 for diagn. or ther. use, value
BG	6.4.3	slc060403	EQUIP_03_ACQUI_DT	Equipment piece no. 03 for diagn. or ther. use, acquisition date
BH	6.4.4	slc060404	EQUIP_03_ACQUI_MEANS	Equipment piece no. 03 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BI	6.5.1	slc060501	EQUIP_04_DESCRIP	Equipment piece no. 04 for diagn. or ther. use, description
BJ	6.5.2	slc060502	EQUIP_04_VALUE	Equipment piece no. 04 for diagn. or ther. use, value
BK	6.5.3	slc060503	EQUIP_04_ACQUI_DT	Equipment piece no. 04 for diagn. or ther. use, acquisition date
BL	6.5.4	slc060504	EQUIP_04_ACQUI_MEANS	Equipment piece no. 04 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BM	6.6.1	slc060601	EQUIP_05_DESCRIP	Equipment piece no. 05 for diagn. or ther. use, description
BN	6.6.2	slc060602	EQUIP_05_VALUE	Equipment piece no. 05 for diagn. or ther. use, value
BO	6.6.3	slc060603	EQUIP_05_ACQUI_DT	Equipment piece no. 05 for diagn. or ther. use, acquisition date
BP	6.6.4	slc060604	EQUIP_05_ACQUI_MEANS	Equipment piece no. 05 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BQ	6.7.1	slc060701	EQUIP_06_DESCRIP	Equipment piece no. 06 for diagn. or ther. use, description
BR	6.7.2	slc060702	EQUIP_06_VALUE	Equipment piece no. 06 for diagn. or ther. use, value
BS	6.7.3	slc060703	EQUIP_06_ACQUI_DT	Equipment piece no. 06 for diagn. or ther. use, acquisition date
BT	6.7.4	slc060704	EQUIP_06_ACQUI_MEANS	Equipment piece no. 06 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BU	6.8.1	slc060801	EQUIP_07_DESCRIP	Equipment piece no. 07 for diagn. or ther. use, description
BV	6.8.2	slc060802	EQUIP_07_VALUE	Equipment piece no. 07 for diagn. or ther. use, value
BW	6.8.3	slc060803	EQUIP_07_ACQUI_DT	Equipment piece no. 07 for diagn. or ther. use, acquisition date
BX	6.8.4	slc060804	EQUIP_07_ACQUI_MEANS	Equipment piece no. 07 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
BY	6.9.1	slc060901	EQUIP_08_DESCRIP	Equipment piece no. 08 for diagn. or ther. use, description
BZ	6.9.2	slc060902	EQUIP_08_VALUE	Equipment piece no. 08 for diagn. or ther. use, value
CA	6.9.3	slc060903	EQUIP_08_ACQUI_DT	Equipment piece no. 08 for diagn. or ther. use, acquisition date
CB	6.9.4	slc060904	EQUIP_08_ACQUI_MEANS	Equipment piece no. 08 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.

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Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
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CC	6.10.1	slc061001	EQUIP_09_DESCRIP	Equipment piece no. 09 for diagn. or ther. use, description
CD	6.10.2	slc061002	EQUIP_09_VALUE	Equipment piece no. 09 for diagn. or ther. use, value
CE	6.10.3	slc061003	EQUIP_09_ACQUI_DT	Equipment piece no. 09 for diagn. or ther. use, acquisition date
CF	6.10.4	slc061004	EQUIP_09_ACQUI_MEANS	Equipment piece no. 09 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CG	6.11.1	slc061101	EQUIP_10_DESCRIP	Equipment piece no. 10 for diagn. or ther. use, description
CH	6.11.2	slc061102	EQUIP_10_VALUE	Equipment piece no. 10 for diagn. or ther. use, value
CI	6.11.3	slc061103	EQUIP_10_ACQUI_DT	Equipment piece no. 10 for diagn. or ther. use, acquisition date
CJ	6.11.4	slc061104	EQUIP_10_ACQUI_MEANS	Equipment piece no. 10 for diagn. or ther. use, acquisition means, four choices: Purchase, Lease, Donation, Other.
CK	6.25.1	slc062501	CAP_EXP_OVER_1MIL	Capital expenditure (building projects) commenced in report period over \$1 million. Yes or No
CL	6.26.1	slc062601	PROJ_01_DESCRIP_CAP_EXP	Project capital expenditure no. 01, description
CM	6.26.2	slc062602	PROJ_01_PROJTD_CAP_EXP	Project capital expenditure no. 01, projected expense
CN	6.26.3	slc062603	PROJ_01_OSHPD_PROJ_NO	Project capital expenditure no. 01, OSHPD project number, if applic.
CO	6.27.1	slc062701	PROJ_02_DESCRIP_CAP_EXP	Project capital expenditure no. 02, description
CP	6.27.2	slc062702	PROJ_02_PROJTD_CAP_EXP	Project capital expenditure no. 02, projected expense
CQ	6.27.3	slc062703	PROJ_02_OSHPD_PROJ_NO	Project capital expenditure no. 02, OSHPD project number, if applic.
CR	6.28.1	slc062801	PROJ_03_DESCRIP_CAP_EXP	Project capital expenditure no. 03, description
CS	6.28.2	slc062802	PROJ_03_PROJTD_CAP_EXP	Project capital expenditure no. 03, projected expense
CT	6.28.3	slc062803	PROJ_03_OSHPD_PROJ_NO	Project capital expenditure no. 03, OSHPD project number, if applic.
CU	6.29.1	slc062901	PROJ_04_DESCRIP_CAP_EXP	Project capital expenditure no. 04, description
CV	6.29.2	slc062902	PROJ_04_PROJTD_CAP_EXP	Project capital expenditure no. 04, projected expense
CW	6.29.3	slc062903	PROJ_04_OSHPD_PROJ_NO	Project capital expenditure no. 04, OSHPD project number, if applic.
CX	6.30.1	slc063001	PROJ_05_DESCRIP_CAP_EXP	Project capital expenditure no. 05, description
CY	6.30.2	slc063002	PROJ_05_PROJTD_CAP_EXP	Project capital expenditure no. 05, projected expense
CZ	6.30.3	slc063003	PROJ_05_OSHPD_PROJ_NO	Project capital expenditure no. 05, OSHPD project number, if applic.

ANNUAL UTILIZATION REPORT OF HOSPITALS - 2004

1. Facility DBA (Doing Business As) Name:		2. OSHPD Facility No.:	
3. Street Address:		4. City:	5. Zip Code:
6. Facility Phone No.: ()	7. Administrator Name:	8. Administrator's E-Mail Address:	
9. Was this hospital in operation at any time during the year? Yes <input type="checkbox"/> No <input type="checkbox"/>		Dates of Operation (MMDDYYYY): 10. From: 11. Through:	
12. Name of Parent Corporation:			
13. Corporate Business Address:		14. City:	15. State 16. Zip Code:
17. Person Completing Report		18. Phone No. () Ext.	
19. Fax No. ()		20. E-mail Address:	

CERTIFICATION

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

Date

Administrator Signature

Administrator Name (Please Print)

Completion of the Annual Utilization Report of Hospitals is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility pursuant to Section 70735 and 71533 of Title 22 of the California Code of Regulations. Failure to complete and file this report by February 15 may result in action against the hospital's license.

Office of Statewide Health Planning and Development
Healthcare Information Division
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Room 400
Sacramento, CA 95814

Phone: (916) 323-7685
FAX: (916) 322-1442

HOSPITAL DESCRIPTION**ANNUAL UTILIZATION REPORT OF HOSPITALS - 2004****Section 2**

OSHDP FACILITY ID No. _____

LICENSE CATEGORY (TYPE) (Completed by OSHPD)

Line No.		(1)
1	General Acute Care	
	Acute Psychiatric	
	Psychiatric Health Facility	
	Chemical Dependency Recovery Hospital	

LICENSEE TYPE OF CONTROL

Line No.		(1)
5	From the list below, select the ONE category that best describes the licensee type of control of your hospital. (There will be a drop down box in ALIRTS - see list of choices below.)	

LICENSEE TYPE OF CONTROL CHOICES

1	City and/or County	6	Investor - Individual
2	District	7	Investor - Partnership
3	Non-profit Corporation (incl. Church-related)	8	Investor - Limited Liability Company
4	University of California	9	Investor - Corporation
5	State		

PRINCIPAL SERVICE TYPE

Line No.		(1)
25	From the list below, select the ONE category that best describes the type of service provided to the majority of your patients. (There will be drop down box in ALIRTS - see list of choices below.)	

PRINCIPAL SERVICE TYPE CHOICES

10	General Medical / Surgical	18	Physical Rehabilitation
12	Long-Term Care (SN / IC)	19	Orthopedic or Pediatric Orthopedic
13	Psychiatric	22	Developmentally Disabled
15	Chemical Dependency (Alcohol / Drug)	23	Other
17	Pediatric		

INPATIENT SERVICES

ANNUAL UTILIZATION REPORT OF HOSPITALS - 2004

Section 3

OSHPD FACILITY ID No. _____

INPATIENT BED UTILIZATION - DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA

Line No.	Bed Classification and Bed Designation	(1) Licensed Beds as of 12/31	(2) Licensed Bed Days	(3) Hospital Discharges (including deaths)	(4) Intra-hospital Transfers from Critical Care	(5) Patient (Census) Days
	GAC Bed Designations					
1	Medical / Surgical (Include GYN)					
2	Perinatal (exclude Newborn / GYN)					
3	Pediatric					
4	Intensive Care					
5	Coronary Care					
6	Acute Respiratory Care					
7	Burn					
8	Intensive Care Newborn Nursery					
9	Rehabilitation Center					
15	SUBTOTAL - GAC					
16	Chemical Dependency Recovery Hospital					
17	Acute Psychiatric					
18	Skilled Nursing					
19	Intermediate Care					
20	Intermediate Care / Developmentally Disabled					
25	TOTAL (sum of lines 15 thru 20)					

CHEMICAL DEPENDENCY RECOVERY SERVICES IN LICENSED GAC AND ACUTE PSYCHIATRIC BEDS *

Line No.	Bed Classification	(1) Licensed Beds	(3) Hospital Discharges	(5) Patient (Census) Days
30	GAC - Chemical Dep Recovery Services			
31	Acute Psych - Chemical Dep Recovery Svcs			

* The licensed services data for these CDRS are to be included in lines 1 through 25 above.

NEWBORN NURSERY INFORMATION

Line No.		(1) Nursery Bassinets	(3) Nursery Discharges	(5) Nursery Days
35	Newborn Nursery			

SKILLED NURSING SWING BEDS (Completed by OSHPD.)

Line No.		(1)
40	Number of licensed General Acute Care beds approved for skilled nursing care.	

INPATIENT SERVICES

ANNUAL UTILIZATION REPORT OF HOSPITALS - 2004

Section 3 (Con't)

OSHPD FACILITY ID No. _____

COMPLETE LINES 43 THROUGH 70 ONLY IF YOUR HOSPITAL HAS LICENSED ACUTE PSYCHIATRIC OR PHF BEDS.
INCLUDE CHEMICAL DEPENDENCY RECOVERY SERVICES PROVIDED IN LICENSED PSYCHIATRIC BEDS.

ACUTE PSYCHIATRIC PATIENTS BY UNIT ON DECEMBER 31

Line No.		(1) Number of Patients
43	Locked	
44	Open	
45	ACUTE PSYCHIATRIC TOTAL *	

ACUTE PSYCHIATRIC PATIENTS BY AGE CATEGORY ON DECEMBER 31

Line No.		(1) Number of Patients
46	0 - 17 Years	
47	18 - 64 Years	
49	65 Years and Older	
50	ACUTE PSYCHIATRIC TOTAL *	

ACUTE PSYCHIATRIC PATIENTS BY PRIMARY PAYER ON DECEMBER 31

Line No.		(1) Number of Patients
51	Medicare - Traditional	
52	Medicare - Managed Care	
53	Medi-Cal - Traditional	
54	Medi-Cal - Managed Care	
55	County Indigent Programs	
56	Other Third Parties - Traditional	
57	Other Third Parties - Managed Care	
58	Short-Doyle (includes Short-Doyle Medi-Cal)	
59	Other Indigent	
64	Other Payers	
65	ACUTE PSYCHIATRIC TOTAL *	

* ACUTE PSYCHIATRIC TOTAL on lines 45, 50 and 65 must agree.

SHORT DOYLE CONTRACT SERVICES

Line No.		(1)
70	During the reporting period, did you provide any acute psychiatric care under a Short-Doyle contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INPATIENT SERVICES

ANNUAL UTILIZATION REPORT OF HOSPITALS - 2004

Section 3 (Con't)

OSHPD FACILITY ID No. _____

INPATIENT HOSPICE PROGRAM

Line No.		(1)
71	Did your hospital offer an inpatient hospice program during the report period?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'yes' on line 71, what type of bed classification is used for this service? (Check all that apply.)

Line No.	Bed Classification	(1)
72	General Acute Care	
73	Skilled Nursing (SN)	
74	Intermediate Care (IC)	

Section 4

OSHDP FACILITY ID No. _____

EMSA TRAUMA CENTER DESIGNATION ON DECEMBER 31 (Completed by OSHPD from EMSA data.)

Line No.	EMSA Trauma Designation	(1) Designation	(2) Pediatric
1	Level I		
	Level II		
	Level III		
	Level IV		

LICENSED EMERGENCY DEPARTMENT LEVEL (Completed by OSHPD.)

Line No.	ED Level	(1) January 1	(2) December 31
2	Standby		
	Basic		
	Comprehensive		

SERVICES AVAILABLE ON PREMISES (Check all that apply.)

Line No.	Services Available	(1) 24 Hour	(2) On-Call
11	Anesthesiologist		
12	Laboratory Services		
13	Operating Room		
14	Pharmacist		
15	Physician		
16	Psychiatric ER		
17	Radiology Services		

EMERGENCY MEDICAL SERVICE VISITS BY TYPE

Line No.	EMS Visit Type*	CPT Codes	(1) Total	(2) Admitted
21	Minor	99281		
22	Low/Moderate	99282		
23	Moderate	99283		
24	Severe, w/o threat	99284		
25	Severe, w threat	99285		
30	TOTAL EMS VISITS			

* DO NOT INCLUDE patients who registered but left without being seen, employee physicals and scheduled Clinic-type visits.

Section 4 (Con't)

OSHDP FACILITY ID No. _____

EMERGENCY MEDICAL TREATMENT STATIONS ON DECEMBER 31

Line No.		(1)
35	Enter the number of emergency medical treatment stations.	

Treatment Station - A specific place within the emergency department adequate to treat one patient at a time. Do not count holding or observation beds.

NON-EMERGENCY (CLINIC) VISITS SEEN IN EMERGENCY DEPARTMENT

Line No.		(1)
40	Enter the number of non-emergency (clinic) visits seen in EMS.	

EMERGENCY REGISTRATIONS, BUT PATIENT LEAVES WITHOUT BEING SEEN*

Line No.		(1)
45	Enter the number of EMS registrations that did NOT result in treatment.	

* Include patients who arrived at ED, but did not register and left without being seen (if available).

EMERGENCY DEPARTMENT CLOSURE / AMBULANCE DIVERSION HOURS

Line No.		(1)
50	Did your hospital close its ED at any time during the year, resulting in ambulance diversion? If 'Yes', fill out lines 51 through 65 below.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Number of Hours Emergency Department Was Closed.

Line No.	Month	(1) Hours
51	January	
52	February	
53	March	
54	April	
55	May	
56	June	
57	July	
58	August	
59	September	
60	October	
61	November	
62	December	
65	Total Hours	

SURGERY AND RELATED SERVICES

ANNUAL UTILIZATION REPORT OF HOSPITALS - 2004

Section 5

OSHPD FACILITY ID No. _____

SURGICAL SERVICES

Line No.	Surgical Services	(1) Surgical Operations	(2) Operating Room Minutes
1	Inpatient		
2	Outpatient		

OPERATING ROOMS ON DECEMBER 31

Line No.	Operating Room Type	(1) Number
7	Inpatient only	
8	Outpatient Only	
9	Inpatient and Outpatient	
10	TOTAL OPERATING ROOMS	

AMBULATORY SURGICAL PROGRAM

Line No.		(1)
15	Did your hospital have an organized ambulatory surgical program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

LIVE BIRTHS

Line No.		(1) Number
20	Total Live Births (Count multiple births separately)*	
21	Live Births with Birth Weight Less Than 2500 grams (5lbs. 8 oz.)	
22	Live Births with Birth Weight Less Than 1500 grams (3lbs. 5 oz.)	

* TOTAL LIVE BIRTHS on line 20 should approximate the number of Perinatal discharges shown in Section 3, line 2, column 3. Include LDR or LDRP births and C-Section deliveries.

ALTERNATE BIRTHING CENTER INFORMATION

Line No.		(1)
31	Did your hospital have an approved alternate birthing program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
32	Was your alternate setting approved as LDR?	Yes <input type="checkbox"/> No <input type="checkbox"/>
33	Was your alternate setting approved as LDRP?	Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER LIVE BIRTH DATA

Line No.		(1) Number
36	How many of the live births reported on line 20 occurred in your alternative setting? Do not include C-Section deliveries.	
37	How many of the live births reported on line 20 were C-Section deliveries?	

SURGERY AND RELATED SERVICES

ANNUAL UTILIZATION REPORT OF HOSPITALS - 2004

Section 5 (con't)

OSHDP FACILITY ID No. _____

LICENSED CARDIOLOGY AND CARDIOVASCULAR SURGERY SERVICES (Completed by OSHPD.)

Line No.		(1) Licensure
41	Cardiovascular Surgery Services (Complete lines 42 to 85, if licensed.)	
	Cardiac Catheterization Only (Complete lines 55 to 85, if licensed.)	
	Not Licensed	

LICENSED CARDIOVASCULAR OPERATING ROOMS

Line No.		(1)
42	Number of operating rooms licensed to perform cardiovascular surgery on December 31.	

CARDIOVASCULAR SURGICAL OPERATIONS
(with and without the HEART/LUNG MACHINE*)

Line No.		(1) Cardio-Pulmonary Bypass USED*	(2) Cardio-Pulmonary Bypass NOT USED
43	Pediatric		
44	Adult		
45	TOTAL CARDIOVASCULAR SURGICAL OPERATIONS		

*Also referred to as Extracorporeal Bypass or "on-the-pump" (heart/lung machine).

CORONARY ARTERY BYPASS GRAFT (CABG) SURGERIES*

Line No.		(1)
50	Number of Coronary Artery Bypass Graft (CABG) surgeries performed.	

* Subset of cardiovascular surgeries reported on line 45 above.

CARDIAC CATHETERIZATION LAB ROOMS

Line No.		(1)
55	Number of rooms equipped to perform cardiac catheterizations on December 31.	

CARDIAC CATHETERIZATION VISITS

Line No.		(1) Diagnostic	(2) Therapeutic
56	Pediatric - Inpatient		
57	Pediatric - Outpatient		
58	Adult - Inpatient		
59	Adult - Outpatient		
60	TOTAL CARDIAC CATHETERIZATION VISITS		

Section 5 (con't)

OSHDP FACILITY ID No. _____

DISTRIBUTION OF THERAPEUTIC CARDIAC CATHETERIZATION PROCEDURES

Complete this table if Therapeutic Cardiac Catheterization Visits are reported in column 2, line 60.

Line No.		(1) Procedures
71	Permanent Pacemaker Implantation	
72	Percutaneous Transluminal Coronary Angioplasty (PTCA) - WITH Stent	
73	Percutaneous Transluminal Coronary Angioplasty (PTCA) - WITHOUT Stent	
74	Atherectomy (PTCRA - rotablator, DCA, laser, other ablation, etc.)	
75	Thrombolytic Agents (Intracoronary only)	
76	Percutaneous Transluminal Balloon Valvuloplasty (PTBA)	
84	All Other (including Radiofrequency Catheter Ablation)	
85	TOTAL THERAPEUTIC CARDIAC CATHETERIZATION PROCEDURES	

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING AS A CARDIAC CATHETERIZATION

Angiography - Non-coronary

Intra-Aortic Balloon Pump

Automatic Implantable Cardiac Defibrillator (AICD)

Percutaneous Transluminal Angioplasty - Non-cardiac

Defibrillation

Pericardiocentesis

Cardioversion

Temporary Pacemaker Insertion

MAJOR CAPITAL EXPENDITURES

ANNUAL UTILIZATION REPORT OF HOSPITALS - 2004

Section 6

OSHDP FACILITY ID No. _____

Section 127285 (3) of the Health and Safety Code requires each hospital to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars (\$500,000)."

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT DURING THE REPORT PERIOD

Line No.		(1)
1	Did your hospital acquire any diagnostic or therapeutic equipment that had a value in excess of \$500,000? (If 'Yes', fill out lines 2 through 11, as necessary, below.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT DETAIL

	(1)	(2)	(3)	(4)
Line No.	Description of Equipment	Value	Date of Acquisition (MMDDYYYY)	Means of Acquisition (Check one.)
2				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>
3				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>
4				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>
5				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>
6				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>
7				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>
8				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>
9				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>
10				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>
11				Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Donation <input type="checkbox"/> Other <input type="checkbox"/>

BUILDING PROJECTS COMMENCED DURING REPORT PERIOD COSTING OVER \$1,000,000

Section 127285 (4) of the Health and Safety Code requires each hospital to report the "commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars (\$1,000,000)."

Line No.		(1)
25	Did your hospital commence any building projects during the report period which will require an aggregate capital expenditure exceeding \$1,000,000? (If 'Yes', fill out lines 26 through 30, as necessary, below.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAIL OF CAPITAL EXPENDITURES

	(1)	(2)	(3)
Line No.	Description of Project	Projected Total Capital Expenditure	OSHDP Project No. (if applicable)
26			
27			
28			
29			
30			